New Course Proposal Worksheet

General Information

Person(s) developing the proposal: Click or tap here to enter text.

Division: Choose an item.

Program Review Area: Choose an item.

Has the Dean reviewed and approved?

☐ YES   ☐ NO

If yes, provide Dean's name and date of approval.

Click or tap here to enter text.

Has the Provost Cabinet reviewed and approved?

☐ YES   ☐ NO

If yes, provide date of meeting approval was granted.

Click or tap to enter a date.

Were all program faculty members notified of this proposal for this course via LCC email?

☐ YES   ☐ NO

If No, provide a brief explanation.

Click or tap here to enter text.

Acknowledgement: Faculty Minimum Qualification Recommendation Form (available in 5-Star) Must be completed and submitted to Academic Affairs following Provost Cabinet approval of the course and before submitting the course proposal for review by the Curriculum Committee. Please check the box to acknowledge your understanding of this requirement.

☐ **I acknowledge**

Course Information

New Course Code: Click or tap here to enter text.

New Course Title: *(30 character limit)*

Click or tap here to enter text.

Proposed Effective Semester (e.g., Fall 2023):

☐ **Fall** Year   ☐ **Spring** Year   ☐ **Summer** Year

CIP Code: Click or tap here to enter text.

Will students be able to audit the course? ☐ YES ☐ NO

    If not, provide a brief rationale for not allowing audit.

        Click or tap here to enter text.

Will this course replace another course on the Pathway?

    ☐ YES   ☐ NO

    If yes, which course number and name is being replaced?

        Click or tap here to enter text.

    Will Banner accept the <u>old</u> course as equivalent to the <u>new</u> course?

    ☐ YES   ☐ NO

    Will Banner accept the <u>new</u> course as equivalent to the <u>old</u> course?

    ☐ YES   ☐ NO

List any curriculum that will include this course as a requirement.

Click or tap here to enter text.

List any curriculum that will include this course as a limited choice requirement.

Click or tap here to enter text.

Proposed Course Syllabus: Complete all sections as it will appear on the official course syllabus.

    Number of Credits: Click or tap here to enter text.

    Billing Hours: Click or tap here to enter text.

    Lecture Hours: Click or tap here to enter text.

    Lab Hours: Click or tap here to enter text.

    Other Hours: Click or tap here to enter text.

    What is the basis for determining the proposed number of credits?

        ☐ **External Accreditation Requirement**

        ☐ **Anticipated Transfer (complete Transfer Information below)**

        ☐ **Other**

            If other, please review the [Credit Hour Assignment](#) document and then provide a brief rationale for the chosen number of credits.

            Click or tap here to enter text.

Course Description:

Enter the course description below, with a maximum of approximately 50 words.

Click or tap here to enter text.

Accreditation

Is this course creation the result of program accreditation changes?

☐ YES   ☐ NO

If No, please provide a brief explanation for why the course is being created.

Click or tap here to enter text.

Transfer Information

Do you expect this course to transfer to other colleges in Michigan?

☐ YES   ☐ NO

If Yes, description is required: *Please describe below the preliminary work that has been completed by the department to ensure that the course has transfer potential. Please include supporting documentation, e.g., email, notes from a phone conversation, etc. (You may upload documents using the attachment field at the bottom of the page. Contact the Academic Affairs department if assistance is required.)*

Click or tap here to enter text.

Would the Program like this course to be considered for the Michigan Transfer Agreement (MTA) and/or General Education-Applied Degrees?

☐ YES   ☐ NO

If Yes, please complete the "MTA Course Recommendation Form" or the appropriate "Applied _____ Course Recommendation Form" on the Curriculum Committee webpage > Forms tab.

Student Success: *Use the Basic Skills Toolkit to determine the placement score(s) needed for student success in the course. If none, please provide brief rationale (See related articles: Resources/Information)*

☐ **Reading** Click or tap here to enter text.

☐ **Writing** Click or tap here to enter text.

☐ **Math**   Click or tap here to enter text.

☐ **None**

If None, provide a brief rationale

Click or tap here to enter text.

Entry-level courses requiring college-level skills in reading, writing, and/or mathematics will also allow enrollment of students participating in program-recommended Embedded Academic Support (EAS). Any exceptions must be justified with consideration of student success and must be approved by the Provost.

If entry-level course, concurrent R/W EAS options include:

☐ **NCAS and ENGL 098**

(NCAS is a non-credit course with embedded academic support for reading and writing, and it is geared specifically to the college-level course area of study. For example: NCAS 102 is Noncredit Academic Supprt-ENGL, NCAS 104 is Non-credit Academic Supprt-PSYC, etc.)

☐ **ENGL 099**

Curricular/Employment: Explain how this course fulfills a specific LCC program curricular need OR a training need for employers. *(See related articles: Resources/Information for website references)*

Click or tap here to enter text.

State how this course avoids duplication of existing LCC courses that are similar in nature.

Click or tap here to enter text.

Evidence of consultation with other departments with interest in the course. Include a list of individuals and departments consulted and their comments.

Click or tap here to enter text.

Will this course run within the semester start and end dates?

☐ **YES**   ☐ **NO**

If No, please provide an explanation below (including how many days before/after). Please note, pre-approval from the Director of Financial Aid is required for a section to begin prior to the semester start date and/or run beyond the semester end date.

Click or tap here to enter text.

What operational areas are impacted by the proposed new course (e.g., media, library, testing services, tutoring, and supplemental instruction) and have those areas been notified of the proposed changes?

Click or tap here to enter text.

Will a Course Fee Request Form be submitted?

Course Fees: If this course has a course fee associated with it, please review the Related Article: Resource/Information to complete the Course Fee Request Form and submit it to the CIMT member

for your division. Because course fees need to be reviewed and approved by the Board, it is recommended that the form be submitted at the same time the Course Proposal form is submitted to the CC.

☐ **YES**   ☐ **N/A**

Requisites:

Enter the appropriate requisite(s) below. Include minimum grade required for any prerequisite course.

Prerequisite Course(s):   Click or tap here to enter text.

Placement Score(s):   Click or tap here to enter text.

Co-Requisite(s):   Click or tap here to enter text.

Recommended: Click or tap here to enter text.

Restriction(s):   Click or tap here to enter text.

Enter the materials, tools, apparel, etc. (not textbooks) required of the students.

Click or tap here to enter text.

Learning Outcomes – Program

Identify the Program Learning Outcomes this course links to and explain the connection. Contact your Associate Dean for your program outcomes.

Click or tap here to enter text.

Explain the connection this course has to the LCC Essential Learning Outcomes.

Click or tap here to enter text.

Learning Outcomes: **Enter the performance-based learning outcomes for the course.** *(See Blooms Taxonomy Action Verbs for review).*

Upon successful completion of this course, students should be able to:

Click or tap here to enter text.

Are outcomes driven by an accrediting body or regulatory body? (This information will be added to the syllabus.) Use an asterisk to indicate the outcomes above that are taken directly from the accrediting body.

☐ YES　　☐ NO

If yes, list the agency.

Click or tap here to enter text.

Evaluation

Enter the methods that will be used to evaluate student performance, if it is required or optional, and the weight range. *(NOTE: The sum of all criteria, required and/or optional, must be able to equal 100%.)*

Method Type	Required or Optional	Weight Range
☐ **Assignments**	Choose an item.	
☐ **Class Participation**	Choose an item.	
☐ **Exams or Tests**	Choose an item.	
☐ **Final Exam**	Choose an item.	
☐ **Papers**	Choose an item.	
☐ **Portfolios**	Choose an item.	
☐ **Projects**	Choose an item.	
☐ **Quizzes**	Choose an item.	
☐ **Reports/Presentations**	Choose an item.	
☐ **Workbook**	Choose an item.	
☐ **Worksite**	Choose an item.	
☐ **Other** *(please explain)*	Choose an item.	

Click or tap here to enter text.

NOTES

Click or tap here to enter text.

Grading Scale: *(See Resources-Information)*

Indicate the grading scale used for the course.

☐ **LCC Standard Scale**

☐ **Alternate Grading scale**

　Include alternate scale below.

　Click or tap here to enter text.

☐ **Pass/Fail**

　For Pass/Fail, indicate minimum % for passing grade: Enter numerical%.

Course Policies: Enter the course policy or policies that will be included for all sections

☐ **Class Attendance** *(Only for Programs with licensure/accreditation requirements that mandate attendance-taking)*

Click or tap here to enter text.

☐ **Participation**

Click or tap here to enter text.

☐ **Late Tests and Assignments**

Click or tap here to enter text.

☐ **Other**: Click or tap here to enter text.

Extra credit may be available for this class? ☐ YES   ☐ NO

In the space below, enter course practices that should be included in ALL sections. If none, type "N/A."

Click or tap here to enter text.

Additional Comments
Click or tap here to enter text.

ATTACHMENTS: On the 5-Star Ticket form, you have the ability to upload the necessary documents. If multiple files, please ZIP and attach to the ticket.

When completed:

- **Forward this completed worksheet and any attachments to your Division CIMT rep (A&S-Laurie Kinne; HHS-Kelly Ellis; TC-Jackie Womble).**
- **The documents will be reviewed.**
  - **If the CIMT rep has questions, you will be advised.**
  - **If no questions, your CIMT rep will enter the information into the 5-Star ticket system and the process will begin.**

If you wish to be advised of the status, please check with your CIMT rep.

	Status:	Initials	Date
3.	Received submitted 5-Star Ticket from:		
4.	Forwarded and reviewed by Curriculum Committee-TRT & Director of Assessment		
5.	Reviewed and approved by Director of Assessment		
6.	Forwarded, reviewed, and approved by Curriculum Committee		
7.	Reviewed and approved by Academic Senate		
8.	Reviewed and approved by the Provost/designee		

LCC provides equal opportunity for all persons and prohibits discriminatory practices based on race, color, sex, age, religion, national origin, creed, ancestry, height, weight, sexual orientation, gender identity, gender expression, disability, familial status, marital status, military status, veteran's status, or other status as protected by law, or genetic information that is unrelated to the person's ability to perform the duties of a particular job or position or participate in educational programs, courses, services or activities offered by the College.

The following individuals have been designated to handle inquiries regarding the nondiscrimination policies: Equal Opportunity Officer, Washington Court Place, 309 N. Washington Square Lansing, MI 48933, 517-483-1730; Employee Coordinator 504/ADA, Administration Building, 610 N. Capitol Ave. Lansing, MI 48933, 517-483-1875; Student Coordinator 504/ADA, Gannon Building, 411 N. Grand Ave. Lansing, MI 48933, 517-483-1885; Human Resource Manager/Employee Title IX Coordinator, Administration Building, 610 N. Capitol Ave. Lansing, MI 48933, 517-483-1879; Student Title IX Coordinator, Gannon Building, 411 N. Grand Ave. Lansing, MI 48933, 517-483-9632.

6/27/2023